



Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Provider eligibility and credentialing 101

2021 IHCP Works Seminar



Agenda

- Ongoing sanction monitoring
- Appeals process
- Reporting requirements
- Nondiscrimination policy

Terms

- **Enrollment:** the act of enrolling to become an IHCP provider
- **Credentialing:** the process where a provider enrolls with and is certified by an MCE to provide care to their members. This includes verification of education, training, experience, expertise and willingness to provide services.
- **NCQA:** National Committee of Quality Assurance sets these processes and methods for validation.
- **CAQH:** Council of Affordable Quality Healthcare
- **Provider Maintenance Form (PMF):** Online application for new providers for enrollment and for current providers to update their demographics

Who can be credentialed

Anthem credentials the following, but not limited to, healthcare practitioners:

- Medical doctors
- Doctors of osteopathic medicine
- Chiropractors
- Telemedicine practitioners who have an independent relationship with Anthem and who provide treatment services under the Health Benefits Plan
- Medical therapists (for example, physical therapists, speech therapists, and occupational therapists)
- Nurse practitioners, certified nurse midwives, physician assistants

Note: All practitioners must be licensed, certified or registered by the state to practice independently.

Who can be credentialed (cont.)

Anthem also certifies the following behavioral health practitioners:

- Psychologists who are state certified or licensed and have doctoral or master's level training
- Clinical social workers who are state certified or state licensed and have master's level training
- Certified behavioral analysts
- Certified addiction counselors
- Substance abuse practitioners

Note: Anthem also verifies licensure by the Indiana licensing board.

Who can be credentialed (cont.)

Anthem credentials the following Health Delivery Organizations (HDOs):

- Hospitals
- Home health agencies
- Skilled nursing facilities
- Nursing homes
- Free-standing surgical centers
- Federally qualified health centers (FQHC)
- Home infusion therapy agencies
- Rural health clinics (RHC)

Who can be credentialed (cont.)

- The following behavioral health facilities that provide mental health and/or substance abuse treatment in an inpatient, residential or ambulatory setting, including:
 - Adult family care/foster care homes
 - Ambulatory detox
 - Community mental health centers (CMHCs)
 - Crisis stabilization units
 - Intensive family intervention services
 - Intensive outpatient – mental health and/or substance abuse
 - Methadone maintenance clinics
 - Outpatient mental health clinics
 - Outpatient substance abuse clinics
 - Partial hospitalization – mental health and/or substance abuse
 - Residential treatment centers (RTC) – psychiatric and/or substance abuse

Anthem Credentialing Program Standards

Eligibility criteria:

- For MDs and DOs, the applicant must have unrestricted hospital privileges at a the following
 - The Joint Commission (TJC)
 - National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - An American Osteopathic Association (AOA) accredited hospital or
 - A network hospital previously approved by the committee.

A photograph of a male doctor with a beard and glasses, wearing a white shirt and a stethoscope, looking down at a smartphone. He is standing next to a male patient with dreadlocks, wearing a red shirt, who is also looking at the phone. They are in a clinical setting with a window in the background showing green foliage. A large blue semi-transparent rectangle is overlaid on the left side of the image.

Joining the Anthem network

Joining the Anthem network

- First step is register with CAQH at www.proview.caqh.org if you are not already registered.

The screenshot shows the CAQH ProView application interface. At the top, it says 'Welcome to the CAQH ProView application' and 'HELP'. The main header features the 'CAQH Solutions' logo and the word 'PROVIEW.'. The page is divided into two main sections. The left section, titled 'CAQH ProView®', contains a welcome message, a description of the service as a credentialing database, and instructions on how to use the profile-based design. It also includes a link to 'CAQH ProView Reference Material' with a list of resources such as the Provider User Guide, sign-on videos, and various reference guides. The right section, titled 'SIGN IN', includes a 'Check for CAQH ID' button, fields for 'Username' and 'Password', and links for 'Forgot Username' and 'Forgot Password'. There is a 'Remember me' checkbox and a 'Sign In' button. Below the sign-in section is a 'FIRST TIME HERE?' section with three numbered steps for new users, including links to 'Practice Manager Sign In' and 'Participating Organization Sign In'. The footer contains links for 'TERMS OF SERVICE', 'PRIVACY', and 'CAQH.ORG', along with copyright information and maintenance windows.

Welcome to the CAQH ProView application HELP

CAQH Solutions | **PROVIEW.**

CAQH ProView®

Welcome to CAQH ProView.

CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. Help reduce inquiries for your administrative information and save even more time by keeping your CAQH ProView profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

Sign in on the right to update your existing profile information or, if you are a new provider to CAQH ProView, register to create a profile.

[CAQH ProView Reference Material](#)

- CAQH ProView Provider User Guide v32
- Video: Single Sign-on for Dentists
- Video: Practice Location Reconciliation
- Video: I forgot my username/password
- Editing SSN and DOB Quick Reference Guide
- SSN Validation
- AHA List in the Domain Table
- Video: Documents Page Redesign Walkthrough
- Dentists Quick Reference Guide.v1.2
- Videos: Practice Location Enhancements effective 10/13/20
- Video: CAQH ProView Provider Profile Updates

SIGN IN

Check for CAQH ID

Username

Forgot Username

Password

Forgot Password

☐ Remember me

Sign In

FIRST TIME HERE?

1. Dentists: Sign in or register for the first time at the American Dental Association's portal. [Register on ADA](#)
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you are new to CAQH ProView, [register now](#).

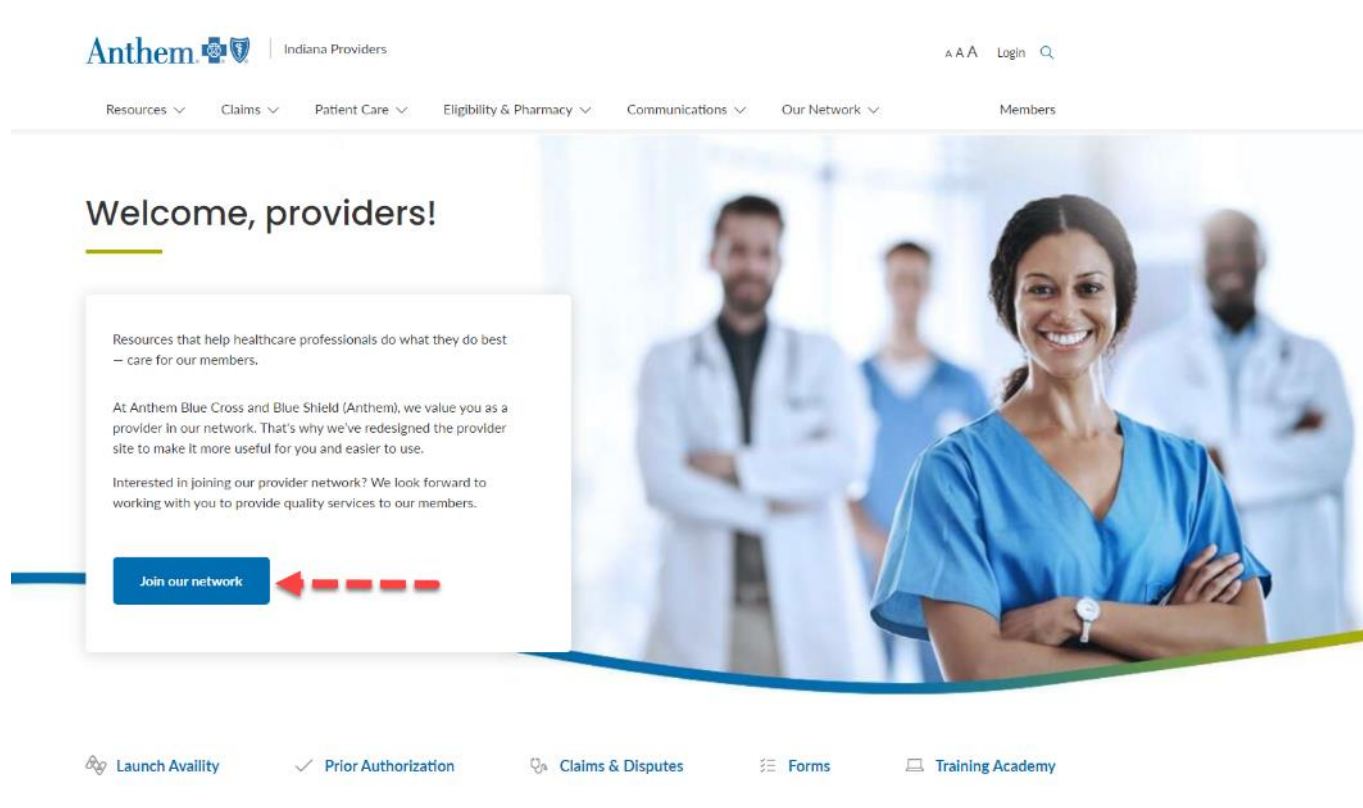
[Practice Manager Sign In](#)
[Participating Organization Sign In](#)

TERMS OF SERVICE
PRIVACY
CAQH.ORG

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Weekly Maintenance Window: Sundays, 12:00 AM - 8:00 AM ET
Monthly Deployment Window: Mondays, 12:00 AM - 8:00 AM ET
(Deployment on Tuesday for Federal Holidays)
ProView and its adjacent solutions will be unavailable during all times above, including the APIs and sFTP.

Joining the Anthem network (cont.)

- Professional Providers can visit www.anthem.com/inmediciaddoc
- Click on Join our Network



Joining the Anthem network (cont.)

- Next: Click on Join the Anthem network

The screenshot displays the Anthem Indiana Providers website. At the top, the Anthem logo and 'Indiana Providers' text are visible, along with a search bar and user options. A navigation menu includes links for Resources, Claims, Patient Care, Eligibility & Pharmacy, Communications, Our Network, and Members. The main heading reads 'Joining our network is easy!'. Below this is an illustration of a healthcare professional with a stethoscope and a laptop, surrounded by a laurel wreath, set against a background of city buildings. A secondary navigation bar lists services: Launch Availability, Prior Authorization, Claims & Disputes, Forms, and Training Academy. The text 'We're glad to hear that you are interested in joining our network.' is followed by a paragraph about the network's commitment to healthcare professionals. Below this is an icon of three people and the text 'You make your patients' lives better. We'll do the same for you.' and another paragraph about streamlined processes. A blue button labeled 'Join the Anthem network' is prominently displayed, with a red arrow pointing to it from the right. At the bottom, a small footer note states 'Page Last Updated: 07/16/2021'.

Page Last Updated: 07/16/2021

Joining the Anthem network (cont.)

- This document will provide a link to our online provider maintenance form
 - Click on either link and it will take you to the PMF.
 - There is also a link for instructions for professional providers

Join Our Network

Indiana

Welcome!

Thank you for your interest in becoming a network provider with Anthem Blue Cross and Blue Shield (Anthem) in Indiana. We seek to establish contracts with exceptional providers and look forward to working with you to provide quality service. Participation in our networks is based on member access and need. If you are a non-contracted provider and would like to join Anthem's network, please complete the [Indiana Provider Maintenance Form - Provider Application/Add Provider form](#) online. This form is for physicians, providers, professionals and ancillary providers to apply for participation with Anthem Blue Cross and Blue Shield in Indiana. The information provided will be used to determine contract eligibility and to draft legal documents for signatures as needed. If you are already contracted with Anthem and are interested in participating in additional networks, please contact your Provider Contract Specialist.

Contact Information for the Indiana Provider Contracting Team

Here is where to find contact information: [Contacts](#) The path is www.anthem.com, Providers (top of page), Communications (bottom of page), Contact Us, Change State to Indiana and open our Network Representatives Territory Listing.

Professional Providers

In compliance with Anthem's Professional Provider Agreement, effective dates will be at least 30 days out from receipt of the online provider maintenance form, the completed contracting documentation and/or successful completion of credentialing. Please note that a Tax Identification Number change requires a new Anthem contract, which must be completed and received by Anthem at least 30 days prior to the effective date. Claims cannot be submitted under a new Tax Identification Number until Network Provider Services has confirmed the system has been updated and new PINS have been assigned.

NOTE: Professional Providers located in Indiana, who are eligible to participate in the Indiana Patient Compensation Fund, are required to do so. Your malpractice carrier can assist you with this requirement.

Credentialing

Most providers require credentialing. Anthem accesses Council for Affordable Quality Healthcare, Inc. (CAQH) information. Once you've received your CAQH ID number and completed the CAQH application online, you may proceed with completing the [Provider Maintenance Form - Provider Application/Add Provider form](#). Please verify that you have granted Anthem permission to access your CAQH application. If you have not previously granted such permission, please contact CAQH through its website or call 888-599-1771.

Practitioner Credentialing Rights

Instruction Sheet for Professional Providers

If you received an agreement in the mail for your signature, please see our [Instruction Sheet for Prof Providers](#). If you need assistance, you may contact us. For questions pertaining to the PMF process, please contact your Provider Contract Specialist. For training and educational questions, please contact your Network Relations Consultant. For contracting questions, please contact your Network Development Manager.

Anthem Provider Networks Available in Indiana

Blue Traditional
Blue Access PPO
Blue Preferred HMO/POS
Medicare Advantage PPO
Medicare Advantage HMO
Worker's Compensation Network
Healthy Indiana Plan
Medicaid (Hoosier Healthwise and Hoosier Care Connect)
HealthSync

*Participation in Anthem's networks is based on credentialing, contracting and procedural standards being met.

Joining the Anthem network (cont.)

- If you are new to the program answer no
- If you are not new answer yes



Provider Maintenance Form

August 19, 2021

Welcome to Anthem's Provider Maintenance Form. This site gives you the capability to submit the Provider Maintenance Form electronically.

Do you currently participate in and want to update information or wish to apply for participation in the Medicaid State Sponsored networks and/or Healthy Indiana Plan (HIP) managed by Anthem?

Attention Anthem Blue Cross and Blue Shield of Kentucky Providers: If you currently participate in the state of Kentucky's Medicaid program or would like to enroll, please select "No".

- ☐ Yes
☐ No

Continue


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Joining the Anthem network (cont.)

- Only fill out the necessary fields for your request

 **Provider Maintenance Form** August 19, 2021

This site gives you the capability to submit the Provider Maintenance Form electronically.

Section A -- General Information	
1.	Complete required fields for tax identification number and the practice name.
2.	Specify solo or group practice. If group practice, indicate the number of physicians in the group.
3.	Specify if you would like to receive Rapid Updates from Anthem via email/fax.
<p>Practice Tax ID Number (EIN/SSN): <input type="text"/> (999999999)</p> <p>Group/Practice Name: <input type="text"/></p> <p>If paper claim submission or exempt from NPI fill out Legacy ID or Anthem PIN number:</p> <p>IN, KY and OH Provider Id Number/PIN: <input type="text"/> (999999999999999)</p> <p>Missouri Provider Id Number: <input type="text"/> (9999999)</p> <p>Wisconsin Provider Id Number: <input type="text"/> (999999999999999)</p> <p>Group National Provider Identification Number: <input type="text"/></p> <p>Solo or Group Practice: <input checked="" type="radio"/> Solo <input type="radio"/> Group</p> <p>If Group Practice, # of physicians in practice: <input type="text"/></p> <p>Would you like to receive Rapid Updates from Anthem via email/fax? <input type="checkbox"/></p>	

Section B -- Reason for Submitting																					
1.	Select all applicable reasons for submitting this form.																				
2.	Specify the effective date of all changes.																				
<p>*Effective Date of Add, Change or Delete: <input type="text"/> (mmddyyyy)</p> <p>*Reason for Submitting Form (Select all applicable):</p> <table border="0"><tr><td><input type="checkbox"/> Adding Provider</td><td><input type="checkbox"/> Specialty Change</td><td><input type="checkbox"/> Practice Name Change</td><td><input type="checkbox"/> Name for Payment Change</td></tr><tr><td><input type="checkbox"/> Deleting Provider (Supply reason below)</td><td><input type="checkbox"/> Provider Name Change</td><td><input type="checkbox"/> Practice Address Change</td><td><input type="checkbox"/> Address for Payment Change</td></tr><tr><td><input type="checkbox"/> Adding Location</td><td><input type="checkbox"/> Deleting Location</td><td><input type="checkbox"/> Practice Phone # Change</td><td><input type="checkbox"/> Phone # for Payment Change</td></tr><tr><td><input type="checkbox"/> Adding Provider To Location</td><td><input type="checkbox"/> Changing Office Hours</td><td><input type="checkbox"/> Deleting Provider from Location</td><td><input type="checkbox"/> Tax ID Change (Supply Old Tax ID below)</td></tr><tr><td><input type="checkbox"/> Add NPI</td><td><input type="checkbox"/> Change NPI</td><td><input type="checkbox"/> Add/Update Providers' Self-Reported Areas of Expertise</td><td><input type="checkbox"/> Add/Update Patient Information</td></tr></table> <p>Reason for Deleting Provider: <input type="text"/></p> <p>Old Tax ID: <input type="text"/> (999999999)</p>		<input type="checkbox"/> Adding Provider	<input type="checkbox"/> Specialty Change	<input type="checkbox"/> Practice Name Change	<input type="checkbox"/> Name for Payment Change	<input type="checkbox"/> Deleting Provider (Supply reason below)	<input type="checkbox"/> Provider Name Change	<input type="checkbox"/> Practice Address Change	<input type="checkbox"/> Address for Payment Change	<input type="checkbox"/> Adding Location	<input type="checkbox"/> Deleting Location	<input type="checkbox"/> Practice Phone # Change	<input type="checkbox"/> Phone # for Payment Change	<input type="checkbox"/> Adding Provider To Location	<input type="checkbox"/> Changing Office Hours	<input type="checkbox"/> Deleting Provider from Location	<input type="checkbox"/> Tax ID Change (Supply Old Tax ID below)	<input type="checkbox"/> Add NPI	<input type="checkbox"/> Change NPI	<input type="checkbox"/> Add/Update Providers' Self-Reported Areas of Expertise	<input type="checkbox"/> Add/Update Patient Information
<input type="checkbox"/> Adding Provider	<input type="checkbox"/> Specialty Change	<input type="checkbox"/> Practice Name Change	<input type="checkbox"/> Name for Payment Change																		
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<input type="checkbox"/> Adding Location	<input type="checkbox"/> Deleting Location	<input type="checkbox"/> Practice Phone # Change	<input type="checkbox"/> Phone # for Payment Change																		
<input type="checkbox"/> Adding Provider To Location	<input type="checkbox"/> Changing Office Hours	<input type="checkbox"/> Deleting Provider from Location	<input type="checkbox"/> Tax ID Change (Supply Old Tax ID below)																		
<input type="checkbox"/> Add NPI	<input type="checkbox"/> Change NPI	<input type="checkbox"/> Add/Update Providers' Self-Reported Areas of Expertise	<input type="checkbox"/> Add/Update Patient Information																		

Section C -- Provider Information (Most fields required)	
1.	Include provider name (name submitted must match name format on 1500 HCFA form), title, Social Security number, date of birth, gender, specialty, professional license number and CAQH id (specific to Credentialing).
2.	To update multiple providers, complete and submit this form for each provider.
3.	* Indicates required fields for physician update.

Joining the Anthem network (cont.)

- When complete, click Submit Form

1.	In the space provided below, <i>please provide a contact name, phone number and email address.</i> You may also provide any additional comments, notes or specific instructions.
2.	The below checkbox must be checked before the form can be submitted. By checking this checkbox you are confirming the data entered on this form is correct.
<input type="checkbox"/> For participating providers, this is a reminder that the Anthem Professional Provider Agreement requires you to provide at least 30 days' prior notice when adding a new practitioner to your group, making changes to your demographic information, or changing your Tax Identification Number (TIN). If your TIN is new and a new Provider Agreement is required, the process may take longer. If the new provider requires credentialing an addition may take longer than 30 days.	
<input type="radio"/> Yes <input type="radio"/> No Provider certifies that the information submitted is for W-2 employed practitioners only. If no, please provide details in the comment section below.	
<div></div>	
<input type="checkbox"/> The undersigned certifies and attests that the foregoing is truthful, correct and complete in all respects, and the undersigned further understands the intentional submission of false or misleading information or the withholding of relevant information is grounds for denial or termination.	
Please enter a contact name, phone number and email address:	
<div></div>	
<div>Submit Form Clear Form Exit</div>	

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Independent licensees of the Blue Cross and Blue Shield Association.

Coming soon

Coming soon

Provider Enrollment Application

A new, quick and intuitive way to enroll and become a participating provider

Provider Enrollment Application

Submit an enrollment application online

- Digital provider enrollment is a way to enroll to become a participating behavioral health provider with IHCP to serve Medicaid members. The tool is hosted in the Availity Portal. It uses Council for Affordable Quality Healthcare, Inc. (CAQH) ProView® to extract data from the provider's CAQH profile.
- **You can use the application to:**
 - Add new providers to an existing participating group.
 - Contract and enroll as a new individual provider or group of providers.
 - Currently, **facility** providers are the only excluded provider types. These providers should continue to use the current enrollment process.

General rules for submitting an application

If the provider has a CAQH profile:

- Ensure the CAQH ProView profile is in *Initial Profile Complete* or *Re-Attestation* status.
- Ensure the CAQH ProView profile is attested and IHCP is authorized to access.

The CAQH ProView profile data must be correct and complete with all specialty information saved into the profile. **Primary specialty is mandatory.**

The primary specialty is the specialty that will be listed in the directory.

New profiles will remain in *Profile Data Submitted* status until CAQH has approved the profile.

General rules for submitting an application (cont.)

For help, visit [CAQH ProView for Providers and Practice Managers](#).

- The organization must be registered with Availity and have an Availity login ID under the organization. The Availity user ID should be assigned the role of *Provider Enrollment*

Before you get started

1. Register your organization on <https://www.availity.com>:
 - Create your personal user account under your organization within Availity:
 - Under *More*, select **Add User** or **Maintain User**.
 - Assign the user the role of **Provider Enrollment**.
2. Update your CAQH profile and complete the following:
 - Review and attest your CAQH profile.
 - Ensure Anthem is authorized to view your CAQH data.
 - Select a primary specialty.
3. Start your *Provider Enrollment* application process:
 - Under *Payer Spaces*, select the **Anthem logo**, then select **Applications** and **Provider Enrollment**.

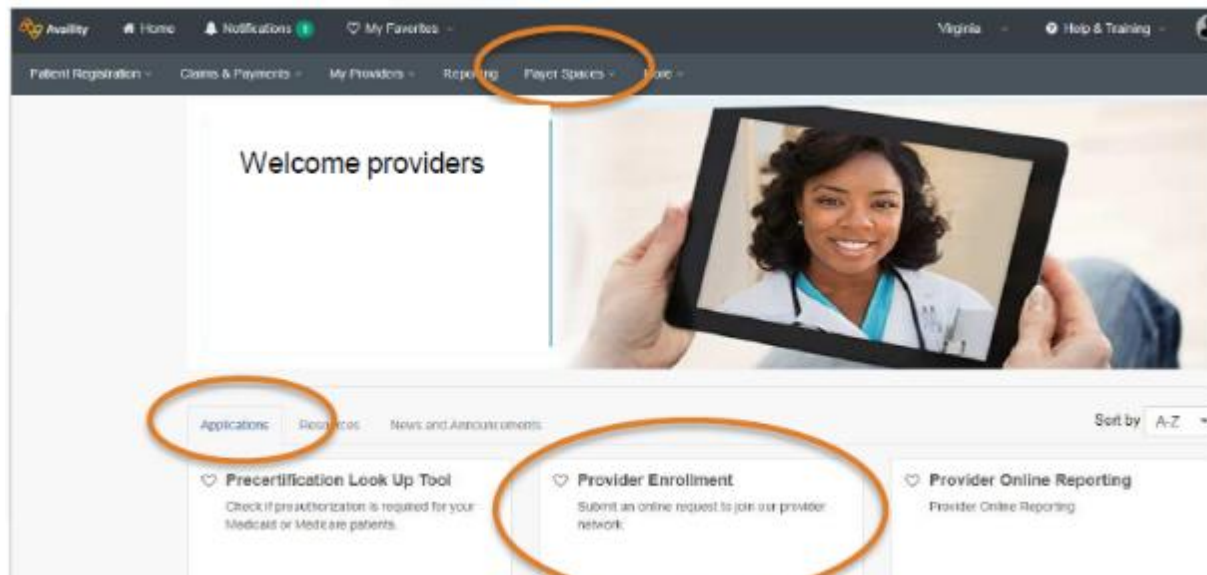
Roles for [Redacted]

Choose the best option: ☒ This user needs a new set of roles. ☐ This user needs the same set of roles as an existing user.

	Role(s)
User Roles	
<input checked="" type="checkbox"/>	Base Role
<input type="checkbox"/>	Authorization and Referral Inquiry
<input type="checkbox"/>	Authorization and Referral Request
<input type="checkbox"/>	Claim Status
<input type="checkbox"/>	Claims
<input type="checkbox"/>	Clinician
<input type="checkbox"/>	EDI Management
<input type="checkbox"/>	Eligible and Benefits
<input type="checkbox"/>	Express Entry
<input type="checkbox"/>	Medical Staff
<input type="checkbox"/>	New Eligibility and Benefits
<input type="checkbox"/>	Office Staff
<input type="checkbox"/>	Physician
<input type="checkbox"/>	Provider Data Management
<input type="checkbox"/>	Provider Enrollment
<input type="checkbox"/>	Provider Enrollment and Contracting

Enroll through the Availity Portal

- The enrollment application is located on the Availity Portal:
- Navigate to <https://www.availity.com>.
- After logging in, select **Payer Spaces**.
- Select the **Anthem logo**.
- Select **Applications**, then **Provider Enrollment**.



Enrollment dashboard

My Dashboard is the place to track your submission.

Select **Begin new application** to start the enrollment process.

The screenshot shows the Availity enrollment dashboard. At the top is a navigation bar with links for Home, Notifications (1), My Favorites, and a dropdown for Virginia. Below this is a secondary navigation bar with links for Patient Registration, Claims & Payments, My Providers, Clinical, Reporting, Payer Spaces, and More. The main content area is titled 'My Dashboard' and shows '80 Total Applications'. Below this is a 'Search my applications' section with a prompt to click on 'begin a new application' or an option to check application status. On the left, there is a navigation menu with three options: 'Recent Applications', 'Incomplete Applications', and 'Submitted Applications'. On the right, there is a 'Begin new application +' button and a table of applications. The table has columns for Name, Application ID, Submitted Date, and Submitted By. Two applications are listed: Jane Doe (Application ID: PR-2281) and John Doe (Application ID: PR-2246). Jane Doe's status is 'Submitted' (11/02/2018) and John Doe's status is 'Ready to See Members' (11/01/2018). Callouts from the text boxes point to the 'My Dashboard' link, the 'Begin new application +' button, the left-hand navigation menu, and the status indicators in the application table.

Availity Home Notifications 1 My Favorites Virginia Help & Training

Patient Registration Claims & Payments My Providers Clinical Reporting Payer Spaces More

My Dashboard
80 Total Applications

Search my applications
Click on begin a new application or click on an option below to check your application status.

Recent Applications

Incomplete Applications

Submitted Applications

Begin new application +

Name	Application ID	Submitted Date	Submitted By
Jane Doe	PR-2281	11/02/2018	Lauren Trionfo
John Doe	PR-2246	11/01/2018	Lauren Trionfo

The left-hand navigation options allow providers to find their applications and check their status.

Real-time status updates of your applications

Begin the enrollment process

Select your information below to confirm your ability to continue:

Which organization is this for? [?](#)

Select Organization

What is the tax ID for this? [?](#)

Choose Tax ID

What type of provider are you?

Provider Type

Provider Type
Dental

[Continue](#)

[Return to dashboard](#)

Select the organization name.

Select the tax ID.

Select the provider type. This will direct the provider to the correct enrollment experience.

Begin the enrollment process (cont.)

Select your information below to confirm your ability to continue:

Which organization is this for? [?](#)

Select Organization

What is the tax ID for this? [?](#)

Choose Tax ID

What type of provider are you?

Provider Type

- Provider Type
- Ancillary Provider or Allied Health Provider
- Behavioral Health**
- Primary Care Provider (PCP)
- Specialty Care Provider
- Other - No CAQH/Non-Credentialed

Select the organization name.

Select the tax ID.

Select the provider type. This will direct the provider to the correct enrollment experience.

Ancillary providers will be directed to the provider website for instructions.

Notification

[Return to dashboard](#)



We are still working on this digital experience for the selection you made. Please use the existing application to enroll as a provider.

Use Existing Application

What would you like to do?

Select to enroll as an individual provider and get a contract.

Select to create a new provider group and receive a contract.

What would you like to do?

[Return to dashboard](#)

- ☐ **Enroll as an individual provider**
An individual/solo practitioner, or an individual provider within a group but contracting individually
- ☒ **Create a new provider group**
Enrolling a new group of providers wanting to participate under a new group contract

Begin new application

The application process

The stage bar indicates where you are in the process.

The navigation bar prompts for the information that is required throughout the application process.

Depending on the application type, these choices will vary.

The screenshot displays a web application interface for creating a new provider group. At the top, a stage bar shows three steps: '1 Getting Started' (highlighted with a blue box), '2 Additional Information', and '3 Application Completion'. Below the stage bar, the main content area is titled 'Getting Started' and 'Create a new provider group'. It includes a sub-header 'Step One: Group Information' and a form with the following fields: 'Group/Legal Entity Name', 'Doing Business As (DBA) Name', 'Group NPI (Type 2)', 'Group Tax ID', and 'Group Website'. A green button labeled 'Move to Provider Information' is located at the bottom right of the form. On the left side, a navigation bar is highlighted with a blue box, listing the steps: 'Group Information' (active), 'Provider Information', 'Address Information', 'Network Selections', and 'Review All Information'. Each step is preceded by a circular icon: a pencil for 'Group Information' and an 'X' for the others.

My Dashboard
128 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

Getting Started

Create a new provider group

In this step, you will enter required information for the new group that your providers want to join.

Step One: Group Information

Please enter your group information to help identify the creation of the new provider group.

Group/Legal Entity Name

Doing Business As (DBA) Name ⓘ


Group NPI (Type 2) Group Tax ID

Group Website

Move to Provider Information

- Group Information
- Provider Information
- Address Information
- Network Selections
- Review All Information

Step 1: Getting Started — Group Information


 My Dashboard
125 Total Applications


1 Getting Started2 Additional Information3 Application Completion


Getting Started


Create a new provider group


In this step, you will enter required information for the new group that your providers want to join.

 Group Information

 Provider Information

 Address Information

 Network Selections

 Review All Information

Step One: Group Information

Please enter your group information to help identify the creation of the new provider group.

Group/Legal Entity Name

Doing Business As (DBA) Name ⓘ

Group NPI (Type 2) Group Tax ID

_____ _____

Group Website

[Move to Provider Information](#)

Provide group information when you are adding a provider to an existing group or enrolling a new provider group.

Step 1: Getting Started — Provider Information: Select Provider

My Dashboard
123 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

Getting Started

Join an existing group

In this step, you will begin to add the providers. We'll be collecting information already captured in their CAQH profile. An up-to-date and attested CAQH profile is necessary in the enrollment process.

- Group Information
- Provider Information**
 - Select Providers
 - Review CAQH Information
- Address Information

Warning: You must select one or more providers before assigning them to your existing group.

Step Two: Provider Information

How many providers will you be adding to your existing group?

2

Provider 1 - Jane Doe Remove X

CAQH Number: 1122334455 Individual NPI (Type 1): 1234567890 Clear Provider

Anticipated Hire Date: —

Provider Remove X

CAQH Number: Individual NPI (Type 1): Find Provider
[I don't have a CAQH Number](#)

Anticipated Hire Date: MM/DD/YYYY

Select the number of providers to enroll.

Select **Find Provider** — This pulls data from CAQH.

Enter the CAQH and NPI number for the provider.

Providers must have an attested CAQH profile and have authorized Anthem to access their data.

Step 1: Getting Started — Provider Information: Review CAQH Information

The application pulls data from the provider's CAQH profile. The application may prompt the provider for additional data:

- Review the information for each provider.
- Complete any missing data. The red bar indicates a required field.

Getting Started
Create a new provider group

In this step, you will begin to add the providers. We'll be collecting information already captured in their CAQH profile. An up-to-date and verified CAQH profile is necessary in the enrollment process.

Group Information
Provider Information
Select Providers
Review CAQH Information
Address Information
Network Selections
Review All Information

Step Two: Provider Information
Eric Jones

NPI Number	CAQH Number
1912342288	16000005

Personal Information

Professional Title

Provider's Race/Ethnicity [Why include this?](#)
Asian

Gender [Why include this?](#)
Male

Date of Birth
04/04/1966

Non-English Languages Spoken by the Provider ⓘ
Chinese
[Remove](#)

[+ Add Another Language](#)

Specialist Panel Information

Panel Status
☐ New patients (open) ☐ Current patients only

Age Limitations (optional)

Minimum	Maximum
Minimum Age	Maximum Age

Panel Size (optional)

Step 1: Getting Started — Address Information

The screenshot displays a web application interface for 'Getting Started'. At the top, there's a navigation bar with 'My Dashboard' (158 Total Applications) and three steps: '1 Getting Started', '2 Additional Information', and '3 Application Completion'. The left sidebar shows a progress indicator with four items: 'Group Information' (checked), 'Provider Information' (checked), 'Address Information' (selected with a pencil icon and a blue box), and 'Network Selections' (marked with an X). The main content area is titled 'Step Three: Provider Addresses' and includes instructions: 'Please identify the Primary Practice Address by selecting it from the list of addresses found in CAQH. If the address is not listed, you will be able to enter it manually.' Below this, there are three radio button options: 'Address 1, City, State, Zip code' (selected), 'Address 2, City, State, Zip code', and 'Address not found? Enter it manually.'. Each address option has a corresponding 'Phone Number' field. A green 'Move to Correspondence' button is located below the options. At the bottom, there are links for 'Return to dashboard' and 'Terms of Use'.

My Dashboard
158 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

Getting Started

Create a new provider group

In this step, you will be viewing all addresses and other information stored in CAQH for your new providers. Please select, or enter, the correct information prior to moving to the next step.

- ✓ Group Information
- ✓ Provider Information
- ✎ Address Information**
- ✕ Network Selections

Step Three: Provider Addresses

Please identify the **Primary Practice Address** by selecting it from the list of addresses found in CAQH. If the address is not listed, you will be able to enter it manually.

<input checked="" type="radio"/> Address 1, City, State, Zip code	Phone Number (617) 283-3333
<input type="radio"/> Address 2, City, State, Zip code	Phone Number (313) 996-7000
<input type="radio"/> Address not found? Enter it manually.	

[Move to Correspondence](#)

[Return to dashboard](#) | [Terms of Use](#)

If addresses are required, this step captures all the address information and contacts.

We are collecting the:

- Primary practice address.
- Correspondence address.
- Billing/remittance address and contact.
- Office manager contact.

Choose an address/contact or add a new one (if needed).

Step 1: Getting Started — Network Selections

My Dashboard 99 Total Applications

1 Getting Started 2 Additional Information 3 Application Completion

Getting Started

Create a new provider group

In this step, you will see the available network(s) for your contract. These network selections are based on the information you have provided.



Group Information



Provider Information



Address Information



Network Selections



Review All Information

Step Four: Network Selections

To become a participating provider, select one or more networks to join.

- ☐ Network 1
- ☐ Network 2
- ☐ Network 3
- ☐ Network 4

[Review All Information](#)

[Return to dashboard](#) | [Terms of Use](#)

Some applications require contracts. If prompted, select the provider networks in which they will participate.

The network selections will reflect the products available in the state to which they are applying.

Step 1: Getting Started — Review All Information

My Dashboard
99 Total Applications

1 Getting Started2 Additional Information3 Application Completion

Getting Started

Create a new provider group

In this step, you are reviewing all group and provider information added. Please review the information to make sure it is accurate prior to submitting.

✓

 Group Information

✓

 Provider Information

✓

 Address Information

✓

 Network Selections

Review All Information

Group Information

Group Name

test group

Group NPI

1356343610

Group Tax ID

111111111

Added providers

Jane Doe

Address Information

Primary Practice

Address

1201 BROAD ROCK BLVD, RICHMOND, VA 23249

Email Address


Phone Number

(344) 334-3436

General Correspondence

Review the data and select any of the *Edit* buttons to edit the data in that section.

Step 2: Additional Information — Documents Required


 My Dashboard
158 Total Applications


1 Getting Started **2 Additional Information** 3 Application Completion


Additional Information


Create a new provider group


In this step, you will review all required documents for each provider. Some documents have been pulled from their CAQH profile. Please make sure all required documents have been uploaded.

 Documents Required

 Hospital Affiliations

 Service Locations

 Contract Signer

 Documents found in CAQH were uploaded on your behalf. Please provide all missing documents.

Step One: Documents Required

Jane Doe	1 Document(s) Needed
Group Name	1 Document(s) Needed
W-9	<div>Drop file here or Upload a file</div>

Move to Hospital Affiliations

In stage two, documents and additional information are collected:

- The application will automatically pull required documents from CAQH if available.
- Documents are collected at the provider and group level.
- Drag and drop files or use the upload feature to add documents to the application.

Step 2: Additional Information — Hospital Affiliations

My Dashboard
157 Total Applications

1 Getting Started

2 Additional Information

3 Application Completion

Additional Information

Create a new provider group

In this step, you can assign the hospitals where the provider is affiliated.

✓

 Documents Required

✎

 Hospital Affiliations

✎

 Eric Jones

✕

 Service Locations

✕

 Contract Signer

Step Two: Hospital Affiliations

Jane Doe

NPI Number

1234567890

CAQH Number

Y1230344EE

Primary Hospital Affiliations

Arizona State Hospital

Other Current Affiliations

Andalusia Regional Hospital


Previous Affiliations

Benson Hospital

Move to Service Locations

If prompted, review each provider's hospital affiliation information and provide any missing information.

Step 2: Additional Information — Service Locations

 My Dashboard
158 Total Applications

1 Getting Started

2 Additional Information

3 Application Completion

Additional Information

Create a new provider group


In this step, you can assign the service locations where the provider will be practicing.

✓




Documents Required

✓

Hospital Affiliations



Service Locations

-  Select Addresses
-  Review Information
-  Assign Providers

✕

Contract Signer

 All addresses listed below were found in CAQH. Please select all locations that the provider is currently practicing at.

Step Three: Service Locations

☒ 1300 MASTERS CT, CHESAPEAKE, VA 23320

Group Primary

☒ 1970 ROANOKE BLVD, Chesape...


Move to Review Information

[Return to dashboard](#) | [Terms of Use](#)

If prompted, there are three steps within *Service Locations*:

- Select the actual addresses where providers practice.
- Review information for each location to ensure the accuracy of data.
- Assign providers to those service locations.

Step 2: Additional Information — Contract Signer

 My Dashboard
157 Total Applications

1 Getting Started

2 Additional Information

3 Application Completion

Additional Information

Create a new provider group

In this step, we are collecting information so we can send out the contract for e-signature. The contract can only be signed by an authorized signer.

✓


Documents Required

✓

Hospital Affiliations

✓

Service Locations



Contract Signer

Step Four: Contract Signer

Please provide the name and address for the individual authorized to sign the contract.

Contact Details

First Name

Last Name

Job Title ⓘ

Email Address

Confirm Email Address

Signatory Address

☐ Primary Practice Address
1201 BROAD ROCK BLVD, RICHM...

☐ Correspondence Address
1970 ROANOKE BLVD, SALEM, VA 24153

☐ Billing/Remittance Address
123 East Main Street, , VA 22212

☐ Add Address

Some applications require contracts. If prompted, supply the name and information for the person authorized to sign the contract when enrolling a new solo provider or provider group.

Choose the address for the signatory or enter a new one.

38

Step 3: Completion

1 Getting Started
Completed 10/06/2020

2 Additional Information
Completed 10/06/2020

3 Completion
Review Completed Information

Application Completion

Join an existing group

We have received all your information and will begin the review process. Check your dashboard for updates on the progress of your application. Thank you!

✓ Application Completion

Group Name

Group Application ID
GR-8063

Jane Doe

Application ID
PR-10375

CAQH Number

1122334455

NPI Number

1234567890

Provider Type

Specialist

Anticipated Hire Date

Go to dashboard

Application ID
PR-10375

This is the final stage of the application process.

- Each provider will have an **application ID**.
- The application ID allows the provider to view the status on each individual application.

To check the status of your application:

Select the **Go to dashboard** button to go back to the dashboard and **view the application status**. You will need the **application ID** to check your status.

Before you are ready to see members

- You must complete the *Provider Enrollment* application.
- You must pass credentialing if applicable to your specialty type:
 - Refer to [Credentialing and Recredentialing: A Companion Guide to the Indiana Medicaid Provider Manual](#).
- You must have a fully executed contract:
 - The contract is not valid until signed by provider and Anthem, and the provider has met credentialing requirements.
 - Once you receive a welcome letter that includes your contract effective date, you may start seeing members and submitting claims as of that date.

Troubleshooting tips

- When working in the application, you may run into technical issues or questions. These quick tips will help you navigate this new platform by addressing some of the commonly asked questions:
 - **If you see an error message when adding provider information, ensure:**
 - A **primary specialty** has been selected in CAQH ProView.
 - The provider's CAQH ProView profile has been **attested**.
 - The provider's CAQH ProView profile has **designated Anthem** as an authorized user.
 - The provider's CAQH profile is in **Initial Profile Complete status**. If the profile is new, CAQH reviews the profile before moving it to Initial Profile Complete status.
 - **All documentation has been uploaded** in CAQH.
- If the system is down, you will receive a *System Not Available* message. Your application will be saved, but you will need to finish at a later time.
- If you experience issues with Availity organization registration, call Availity support at **1-800-282-4548 (1-800-AVAILITY)** or visit the **Contact Us** page on the Availity Portal.

Troubleshooting tips (cont.)

- **For CAQH issues:**
- If you see error messages after you select **Find Provider**, check if there is no primary specialty chosen in CAQH or if the primary specialty information is incomplete:
 - The CAQH profile must be in either *Initial Profile Complete* or *Re-Attestation* status.
 - *Profile Data Submitted* status is shown when a new profile has been created and submitted to CAQH, but the profile has not been approved by CAQH.

PROVIDER SEARCH RESULTS

PROVIDER SEARCH RESULTS				
Provider Name	Birth Date	Primary Practice State	Roster Status	Provider Status
Joe Smith	07/23/1969	TN	Active	Profile Data Submitted



Ongoing sanction monitoring

To support certain credentialing standards between the re-credentialing cycles, Anthem has established an ongoing monitoring program to help ensure continued compliance with credentialing standards. To achieve this, the credentialing department will review periodic listings/reports within 30 calendar days of the time they are made available from the various sources including, but not limited to, the following:

- Office of the Inspector General (OIG)
- Federal Medicare/Medicaid Reports
- Office of Personnel Management (OPM)
- State licensing boards/agencies
- Covered Individual/Customer Services Departments

Ongoing sanction monitoring (cont.)

- Clinical Quality Management Department (including data regarding complaints of both a clinical and nonclinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
- Other internal Anthem Departments
- Any other verified information received from appropriate sources

Ongoing sanction monitoring (cont.)

When a practitioner or HDO within the scope of credentialing has been identified by these sources, criteria will be used to assess the appropriate response including, but not limited to:

- Referral to the credentialing committee
- Review by the chair of anthem credentialing committee
- Review by the Anthem medical director
- Termination

Anthem credentialing departments will report practitioners or HDOs to the appropriate authorities as required by law.

Reporting requirements

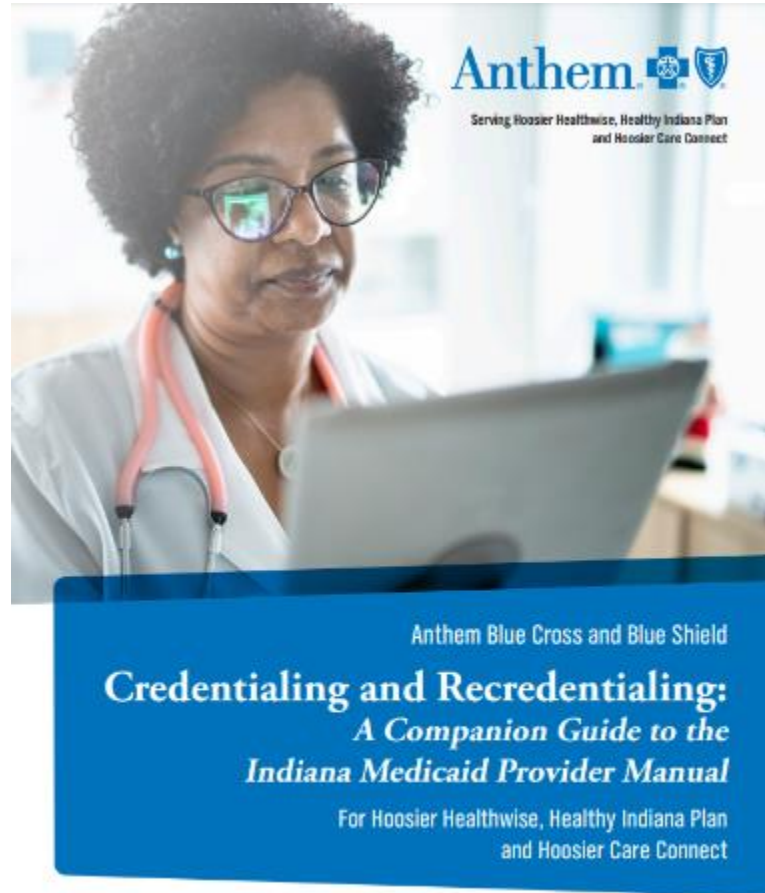
- When Anthem takes a review action with respect to a practitioner's or HDO's participation, Anthem may have an obligation to report such to the National Practitioner Data Bank (NPDB).
 - Once Anthem receives a verification of the NPDB report, the verification report will be sent to the state licensing board.
 - The credentialing staff will comply with all state and federal regulations in regard to the reporting of adverse determinations.
 - These reports will be made to the appropriate, legally designated agencies.
- Anthem follows the governance of the NPDB Guidebook for reporting adverse actions.

Nondiscrimination policy

- Anthem will not discriminate against any applicant for participation in its networks or Plan programs on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions.

For more information

Refer to [Credentialing and Recredentialing: A Companion Guide to the Indiana Medicaid Provider Manual](#)



Questions





Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* Availity, LLC is an independent company providing health care claims clearinghouse services on behalf of Anthem Blue Cross and Blue Shield.

www.anthem.com/inmedicaidoc

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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